## Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC)



## Verification Checklist Addendum 16-01

For All WIC Vendors

## **Effective November 15, 2015**

Attach additional pages as needed.
STORE NAME(S):
VENDOR NUMBER(S):
FULL LEGAL NAME OF CORPORATION (if Applicable):
1. I have reviewed the Georgia WIC Program's Notice of Change in WIC Requirements, Addendum No. 16-01 online at <a href="http://dph.georgia.gov/vendor-information">http://dph.georgia.gov/vendor-information</a> .
2. I have reviewed Georgia WIC Program's Notice of Change in WIC Vendor Requirements, Addendum No. 16-01.
3. I understand that Addendum 16-01 serves as an addendum to my current Vendor Agreement, and will go into effect on November 15, 2015.
4. I understand that the Georgia WIC Program Vendor Handbook (effective November 15, 2015) supersedes all prior versions of the Vendor Handbook.
5. I understand that, per the terms of my Vendor Agreement with the Georgia WIC Program, that I am required to meet all requirements as described in the most recent version of the Georgia WIC Vendor Handbook and all addendums.
I ACKNOWLEDGE THAT I AGREE TO THE ITEMS LISTED ABOVE AND HAVE RECEIVED A COPY OF THE CURRENT GEORGIA WIC PROGRAM VENDOR HANDBOOK (EFFECTIVE NOVEMBER 15, 2015).
Signature of Authorized Representative Date
First Name Last Name Title/Position (Type or print name)